



**CASE SPECIFIC POWER OF ATTORNEY WHERE MULTIPLE ASSIGNEES  
ARE PRESENT OR IF THERE IS NO ASSIGNEE**

|   |                         |                                     |
|---|-------------------------|-------------------------------------|
| <b>POWER OF ATTORNEY<br/>and<br/>CORRESPONDENCE ADDRESS<br/>INDICATION FORM</b> | Application Number      | 10/527,692                          |
|   | Filing Date             | March 11, 2005                      |
|   | First Named Inventor    | Haruo SUGIYAMA                      |
|   | Title:                  | CANCER ANTIGEN PEPTIDE FORMULATIONS |
|   |                         |                                     |
|   | Attorney Docket Number: | 283121US0PCT                        |

I hereby appoint:

☒ Practitioners associated with the Customer Number

**22850**

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number.

I am the:

☒ Inventor.

**SIGNATURE OF INVENTOR**

|           |                         |           |  |
|-----------|-------------------------|-----------|--|
| Signature | <i>Haruo Sugiyama</i>   |           |  |
| Name      | Haruo SUGIYAMA          | Telephone |  |
| Date      | <i>February 5, 2006</i> |           |  |

\* NOTE: Signatures of all the inventors are required. Total of \_\_\_\_\_ forms are submitted.

**THIS FORM IS USED FOR PATENT APPLICATIONS HAVING MULTIPLE ASSIGNEES  
OR IF THERE IS NO ASSIGNEE**